## UNITED STATES DISTRICT COURT

for the

Northern District of Georgia

| ARTALIOUS RAYMON SNEED  |  |   | )                                  |  |  |  |
|---|--|---|------------------------------------|--|--|--|
| Plaintiff   |  | ) |                                    |  |  |  |
| v.  |  | ) | ) Civil Action No.                 |  |  |  |
| BANK OZK (CORP) F/K/A BANK OF THE OZARKS; et al.  |  | ) |                                    |  |  |  |
| Defendant   |  | ) |                                    |  |  |  |
| SUMMONS IN A CIVIL ACTION   |  |   |                                    |  |  |  |
| To: (Defendant's name and address)  Bank OZK (Corp) f/k/a Bank of the Ozarks c/o National Registered Agents, Inc. 289 S. Culver Street, Lawrenceville, Georgia 30046  |  |   |                                    |  |  |  |
| A lawsuit has been filed against you.  Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:  Misty Oaks Paxton, Esq. 3895 Brookgreen Point Decatur, GA 30034 |  |   |                                    |  |  |  |
| If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.  |  |   |                                    |  |  |  |
|   |  |   | CLERK OF COURT                     |  |  |  |
| Date:   |  |   |                                    |  |  |  |
|   |  |   | Signature of Clerk or Deputy Clerk |  |  |  |

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Civil Action No.

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

|        | This summons for (na   | me of individual and title, if any)   |                                 |      |  |  |  |
|--------|--|---------------------------------------|---------------------------------|------|--|--|--|
| was re | ceived by me on (date)   | ·                                     |                                 |      |  |  |  |
|        | ☐ I personally served  | d the summons on the individual at    | (place)                         |      |  |  |  |
|        | _ 1 possessimily serves  |                                       | on (date)                       | ; or |  |  |  |
|        | ☐ I left the summons   | s at the individual's residence or us |                                 | _    |  |  |  |
|        | suitable age and discretion who resid  | les there,                            |                                 |      |  |  |  |
|        | on (date), and mailed a copy to the individual's last known address; or, who designated by law to accept service of process on behalf of (name of organization), |                                       |                                 |      |  |  |  |
|        |  |                                       |                                 |      |  |  |  |
|        |  |                                       |                                 |      |  |  |  |
|        |  |                                       | on (date)                       | ; or |  |  |  |
|        | ☐ I returned the sum:  | mons unexecuted because               |                                 | ; or |  |  |  |
|        | ☐ Other (specify):   |                                       |                                 |      |  |  |  |
|        |  |                                       |                                 |      |  |  |  |
|        |  |                                       |                                 |      |  |  |  |
|        | My fees are \$   | for travel and \$                     | for services, for a total of \$ | 0.00 |  |  |  |
|        |  |                                       |                                 |      |  |  |  |
|        | I declare under penalty of perjury that this information is true.  |                                       |                                 |      |  |  |  |
|        |  |                                       |                                 |      |  |  |  |
| Date:  |  | -                                     | Server's signature              |      |  |  |  |
|        |  |                                       |                                 |      |  |  |  |
|        |  | Printed name and title                |                                 |      |  |  |  |
|        |  |                                       |                                 |      |  |  |  |
|        |  |                                       |                                 |      |  |  |  |
|        |  |                                       | Server's address                |      |  |  |  |

Additional information regarding attempted service, etc: